

**KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
OFFICE OF LOCAL AND RURAL HEALTH**

1000 SW Jackson, Suite 340
Topeka, Kansas 66612-1365

**KANSAS STATEWIDE FARMWORKER HEALTH PROGRAM
Agreement to Provide Health Services**

Statement of Purpose:

This agreement is entered into between the **Kansas Statewide Farmworker Health Program (KSFHP)**, a program of the Kansas Department of Health and Environment and the local **Health Services Provider (HSP)**.

(name of Health Services Provider)

in order to maintain working relationships that will offer a wide range of primary care services to migrant and seasonal farmworkers and their families.

- A. The **Health Services Provider** agrees to provide services for patients referred by **KSFHP** and to follow the policies of the program for treatment, payment and referral as follows:
1. The **HSP** assures that all services rendered pursuant to this agreement will be provided by appropriately credentialed persons.
 2. Farmworker patients must present a voucher/referral form obtained from an access point/case manager to authorize payment for services and to communicate information for coordination of patient care.
 3. The **HSP** is encouraged to accept the voucher payment as full reimbursement for services rendered. However, a patient may be responsible for a portion of the fee. State-funded facilities are obligated to provide income-based discounts (sliding fee levels) based on annual Federal Poverty Guidelines.
 4. Treatment plans containing services not specified in the KSFHP Policies and Procedures Manual must be negotiated on a case-by-case basis with the case manager. All services over \$150 must be preauthorized by the case manager.
 5. The **HSP** will assure that patients understand where to obtain urgently needed care when the HSP office is closed or the **HSP** is unavailable.
 6. The **HSP** will support efforts to assure "meaningful access" to health care services for persons with Limited English Proficiency (LEP) pursuant to Title VI of the Civil Rights Act [(42 U.S.C. § 2000d *et seq.*) and 45 C.F.R. § 80.3(b)]. Meaningful access requires that the **HSP** and the person with limited English skills can communicate effectively when services are being provided.
 7. The **HSP** shall hold as confidential all personal patient information obtained or received from recipients of services under this agreement and not disclose personal information except in statistical, summary or other forms that do not identify individual persons, except for the purpose of treatment or billing.
- B. The **Kansas Statewide Farmworker Health Program** agrees to provide payment for services to eligible farmworkers using reimbursement rates specified in the KSFHP Policies and Procedures Manual and conduct case management activities including:
1. The **KSFHP** shall facilitate communication and support patient compliance with treatment and follow-up plans.
 2. The **KSFHP** shall seek resources to fulfill the health care needs of patients when they exceed the limits of the program.

Name

Address

City/State

Zip+4

Voice Phone

FAX Phone

FEIN #:

TYPE OF PROVIDER:

☐

Physician

☐

Nurse Practitioner or Physician Assistant

☐

Dentist

☐

Pharmacy

☐

Laboratory

☐

X-ray

☐

Optometrist

☐

Ophthalmologist

☐

Local Public Health Department

☐

Other

Date

Health Service Provider

Date

Farmworker Health Representative